



Peace Officer
Standards and Training

Regional Training Grant EQUIPMENT REIMBURSEMENT REQUEST FORM

Region/Provider Name: _____

EQUIPMENT COSTS

Vendor Name: _____

Product Name : _____

Item Cost (ea): \$ _____ Quantity Purchased: _____

Total Cost: \$ _____

Vendor Name: _____

Product Name : _____

Item Cost (ea): \$ _____ Quantity Purchased: _____

Total Cost: \$ _____

Vendor Name: _____

Product Name : _____

Item Cost (ea): \$ _____ Quantity Purchased: _____

Total Cost: \$ _____

Other Costs (*Shipping, Freight*): \$ _____

Other:

Total Equipment Reimbursement Requested: \$ _____

Comments:

DOCUMENTATION TO INCLUDE WITH THE EQUIPMENT REIMBURSEMENT REQUEST
Proof of Costs- Itemized, paid vendor invoice (showing \$0.00 balance owed), dated receipts

Incomplete requests will not be reviewed.